

Breast Prostheses Claim Form

Te Whatu Ora
Health New Zealand

To be completed by the eligible person

Please print clearly using capital letters.

Eligible person details

First name(s)

Last name

Date of birth

Unit/flat no.

Street no.

Street name

Suburb

City/town

Postcode

Contact phone number

Email address

Claim details

☐ Initial claim

☐ Subsequent claim

(Please tick relevant claim)

☐ Left

☐ Right

☐ Bilateral

(Please tick relevant claim)

Date of purchase

Item(s) purchased

Total amount of purchase

Note:

A medical certificate (if initial claim) and proof of purchase must accompany this form.

Total amount claimed

Certification (Please tick the appropriate box)

☐ I am submitting this claim on my own behalf. My Ministry of Health payee number is:

☐ I am authorising my provider to claim for this service on my behalf.

I declare that, as an eligible person, I am entitled to publicly funded health care in accordance with any eligibility direction issued under section 32 of the New Zealand Public Health and Disability Act 2000, or any eligibility direction continued by section 112 (1) of that Act, and declare that I am not eligible for any kind of assistance from the Accident Compensation Corporation. I certify that as the eligible person named above, I have been supplied with the breast prosthesis services claimed.

Signature

Date

For Ministry of Health use only

Total amount payable

Checked by

Date

Once completed, please sign and send printed form to:
Ministry of Health, Private Bag 1942, Dunedin 9054
For further enquiries, telephone: 0800 458 448

Re order no. 79726 August 2022 HP6478